

Exh. F

Este formulario está disponible en español. Favor de llamar a su registrador de votantes local para conseguir una versión en español.

Qualifications

- You must not have been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

1 THESE QUESTIONS MUST BE COMPLETED BEFORE PROCEEDING (Check one)

☐ New Application ☐ Change of Address, Name, or Other Information ☐ Request for a Replacement Card

Are you a United States Citizen? ☐ Yes ☐ No Will you be 18 years of age on or before election day? ☐ Yes ☐ No

If you checked 'No' in response to either of the above, do not complete this form.

Are you interested in serving as an election worker? ☐ Yes ☐ No

2	Last Name Include Suffix if any (Jr, Sr, III)	First Name	Middle Name (If any)	Former Name (if any)
3	Residence Address: Street Address and Apartment Number. If none, describe where you live. (Do not include P.O. Box, Rural Rt. or Business Address)	City	TEXAS	
		County	Zip Code	
4	Mailing Address: Street Address and Apartment Number. (If mail cannot be delivered to your residence address.)	City	State	
			Zip Code	

5 City and County of Former Residence in Texas

6	Date of Birth: (mm/dd/yyyy)	7	Gender (Optional)	8	Telephone Number (Optional) Include Area Code
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female		(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<div style="border: 1px solid black; padding: 2px;"> 9 Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety) </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	<div style="border: 1px solid black; padding: 2px;"> If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px; display: flex; align-items: center; justify-content: center;"> XXX-XX- <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
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☐ I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

10 I understand that giving false information to procure a voter registration is perjury, and a crime under state and federal law. Conviction of this crime may result in imprisonment up to 180 days, a fine up to \$2,000, or both. Please read all three statements to affirm before signing.

- I am a resident of this county and a U.S. citizen;
- I have not been finally convicted of a felony, or if a felon, I have completed all of my punishment including any term of incarceration, parole, supervision, period of probation, or I have been pardoned; and
- I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote.

X

Date: _____

Signature of Applicant or Agent and Relationship to Applicant or Printed Name of Applicant if Signed by Witness and Date.

FOR VOLUNTEER DEPUTY REGISTRAR USE ONLY	
Deputy Number	
	<div style="display: flex; justify-content: space-between;"> <div> _____ Signature of Volunteer Deputy Registrar </div> <div> _____ Date </div> </div>

REGISTRATION RECEIPT

Name of Applicant/Applicant's Agent (if applicable)	Receipt No.:
Name of Volunteer Deputy Registrar	Deputy No.:
Signature of Volunteer Deputy Registrar	Date: